



# APPLICATION FOR EMPLOYMENT

HOMES OF HOPE, INC.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Are you legally eligible for employment in the U.S.A.? Yes \_\_\_ No \_\_\_ (If yes, verification will be required)

Are you 18 years or older? \_\_\_\_\_ Position(s) applied for: \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Do you have a valid Driver's License? \_\_\_\_\_ Proof of Insurance?: \_\_\_\_\_

(Employment at Homes of Hope requires a valid Driver's License and Proof of Insurance.)

Application for: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time Available Start Date: \_\_\_\_\_

Who referred you for this position? \_\_\_\_\_

Have you been convicted of a felony within the last 7 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Conviction will not necessarily disqualify an applicant from employment.)

Highest level of education completed, name of school, address and year graduated/graduating (Diploma/transcripts must be provided upon hiring.) Please include High School diploma or GED.

\_\_\_\_\_  
\_\_\_\_\_

List present and past employment, beginning with your most recent:

1. Name and Address of Company and Type of Business

\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Describe the work you did:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List present and past employment, beginning with your most recent:

2. Name and Address of Company and Type of Business

\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Describe the work you did:

\_\_\_\_\_  
\_\_\_\_\_

3. Name and Address of Company and Type of Business

\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Describe the work you did:

\_\_\_\_\_  
\_\_\_\_\_

List all relevant professional licenses/certifications you possess:

\_\_\_\_\_  
\_\_\_\_\_

Personal References (Not former Employees or Relatives)

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Military Service Record:

Were you in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what Branch? \_\_\_\_\_ Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for?

\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize Homes of Hope to contact employers and personal references listed for information to verify verbally or in writing about my qualifications regarding employment at Homes of Hope. I also understand that background checks will be performed and are mandatory to hold a position within Homes of Hope agency. I hereby certify that all information on this application is correct and to the best of my knowledge. I understand intentional falsification of information in this document may be grounds for dismissal if hired. I further understand that this application is not a contract of employment.

Signature of Applicant

Date

1. Complete all required information on this application.
2. Upon completion, save a copy to your Desktop.
3. Email the saved application to:  
mhuddleston@homesofhopeinc.org
4. You may also print and mail the completed application to the address provided at the top of this application.